



COUNTY OF LOS ANGELES  
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CALIFORNIA 90012-2713

JOHN F. KRATTLI  
County Counsel

August 22, 2013

TELEPHONE  
(213) 974-1861  
FACSIMILE  
(213) 229-9924  
TDD  
(213) 633-0901

TO: SACHI A. HAMAI  
Executive Officer  
Board of Supervisors

Attention: Agenda Preparation

FROM: PATRICK A. WU   
Senior Assistant County Counsel

RE: **Item for the Board of Supervisors' Agenda**  
**County Claims Board Recommendation**  
**Anthony Fernandez v. County of Los Angeles**  
**Los Angeles Superior Court Case No. TC 025 729**

Attached is the Agenda entry for the Los Angeles County Claims Board's recommendation regarding the above-referenced matter. Also attached are the Case Summary and the Summary Corrective Action Plan to be made available to the public.

It is requested that this recommendation, the Case Summary and the Summary Corrective Action Plan be placed on the Board of Supervisors' agenda.

PAW:rfm

Attachments

## Board Agenda

### MISCELLANEOUS COMMUNICATIONS

Los Angeles County Claims Board's recommendation: Authorize settlement of the matter entitled Anthony Fernandez v. County of Los Angeles, Los Angeles Superior Court Case No. TC 025 729, in the amount of \$200,000 plus waiver of the County's medical bills in the estimated amount of \$4,205 and instruct the Auditor-Controller to draw a warrant to implement this settlement from the Department of Health Services' budget.

This medical negligence lawsuit arises from injuries sustained by a patient while hospitalized at the Harbor-UCLA Medical Center.

## **CASE SUMMARY**

### **INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION**

CASE NAME	Anthony Fernandez v. County of Los Angeles
CASE NUMBER	TC 025729
COURT	Los Angeles Superior Court - South Central District
DATE FILED	September 23, 2011
COUNTY DEPARTMENT	Department of Health Services
PROPOSED SETTLEMENT AMOUNT	\$200,000, plus waiver of the County's medical bills in the estimated amount of \$4,205.
ATTORNEY FOR PLAINTIFF	Richard M. Katz, Esq. Law Offices of Richard M. Katz
COUNTY COUNSEL ATTORNEY	Narbeh Bagadasarian Senior Deputy County Counsel
NATURE OF CASE	<p>On December 10, 2010, Anthony Fernandez, had an injury whereby the fifth digit in his left hand sustained nerve and muscle damages.</p> <p>Mr. Fernandez presented to Harbor-UCLA Medical Center ("HUMC"). He received several treatments and underwent several surgical procedures.</p> <p>Mr. Fernandez later filed a civil action against the County of Los Angeles and providers at HUMC contending that the medical care at HUMC was negligent, and as a result, he suffered deformity and limitation of movement of his left hand.</p>

PAID ATTORNEY FEES, TO DATE

\$50,074

PAID COSTS, TO DATE

\$8,495

Case Name: Fernandez, Anthony #3570



## Summary Corrective Action Plan

The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to confidentiality, please consult County Counsel.

Date of incident/event:	December 21, 2010
Briefly provide a description of the incident/event:	<p>On December 10, 2010, Anthony Fernandez had an injury whereby the fifth digit in his left hand sustained nerve and muscle damages.</p> <p>Mr. Fernandez presented to Harbor-UCLA Medical Center ("HUMC"). He received several treatments and underwent several surgical procedures.</p> <p>Mr. Fernandez later filed a civil action against the County of Los Angeles and providers at HUMC contending that the medical care at HUMC was negligent, and as a result, he suffered deformity and limitation of movement in his left hand.</p>

1. Briefly describe the root cause(s) of the claim/lawsuit:

Permanent damage to tendon in the hand resulting from pre-mature splint removal.

2. Briefly describe recommended corrective actions:  
(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

- All appropriate personnel actions have been taken.
- Splinting guidelines for tendon injuries was shared with new residents.
- A survey regarding the practice of splinting hand tendon injuries was conducted. All of the other DHS Hospitals that manage tendon injuries in the hand indicated that they are using similar guidelines for treatment.
- A system-wide email blast regarding the behavioral expectations of staff was administered.

3. Are the corrective actions addressing department-wide system issues?

- ☒ Yes – The corrective actions address department-wide system issues.
- ☐ No – The corrective actions are only applicable to the affected parties.

County of Los Angeles  
Summary Corrective Action Plan

Name: (Risk Management Coordinator) <i>A. Patel (ARUN R. Patel)</i>	
Signature: <i>A. Patel</i>	Date: <i>5/29/13</i>

Name: (Department Head) <i>Mitchell Katz, MD</i>	
Signature: <i>[Signature]</i>	Date: <i>5/29/13</i>

Chief Executive Office Risk Management Inspector General USE ONLY	
Are the corrective actions applicable to other departments within the County?	
<input type="checkbox"/> Yes, the corrective actions potentially have County-wide applicability.	
<input checked="" type="checkbox"/> No, the corrective actions are applicable only to this department.	
Name: (Risk Management Inspector General) <i>LEO COSTA JTHD</i>	
Signature: <i>[Signature]</i>	Date: <i>5-9-13</i>